

AO 93 (Rev. 12/09) Search and Seizure Warrant

UNITED STATES DISTRICT COURT

for the

Southern District of West Virginia

In the Matter of the Search of

(Briefly describe the property to be searched
or identify the person by name and address)Huntington Spine Rehab and Pain Center
3554 US Route 60 East
Barboursville, WV 25504

Case No. 3:10-mj-00045

REDACTED COPY

SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the Southern District of West Virginia

(identify the person or describe the property to be searched and give its location):

The medical office/business premises of Dr. Philip F. Fisher, D.O., Huntington Spine Rehab and Pain Center, See Attachment A.

The person or property to be searched, described above, is believed to conceal (identify the person or describe the property to be seized):

See Attachment B.

PLEASE NOTE REDACTION TO RECEIPT FOR CASH OR OTHER ITEMS & ATTACHMENT B

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property.

YOU ARE COMMANDED to execute this warrant on or before

December 20, 2010
(not to exceed 14 days)☒ in the daytime 6:00 a.m. to 10 p.m. ☐ at any time in the day or night as I find reasonable cause has been established.

Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

The officer executing this warrant, or an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to United States Magistrate Judge

(name)

☐ I find that immediate notification may have an adverse result listed in 18 U.S.C. § 2705 (except for delay of trial), and authorize the officer executing this warrant to delay notice to the person who, or whose property, will be searched or seized (check the appropriate box) ☐ for _____ days (not to exceed 30).☐ until, the facts justifying, the later specific date of _____.

Date and time issued:

12/16/10 @ 11:21 am

City and state:


Huntington, WV

Judge's signature

Cheryl A. Ebert

Printed name and title

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Return		
Case No.: <i>MS 00045</i>	Date and time warrant executed: <i>12/9/10 @ 8:00 a.m.</i>	Copy of warrant and inventory left with: <i>Ryan Voelker</i>
Inventory made in the presence of: <i>Curt Nethercutt and Barry Parsons</i>		
Inventory of the property taken and name of any person(s) seized: <i>See attached DEA-12 "Receipt for Cash or Other Items." 3 pages</i>		
Certification		
<p>I declare under penalty of perjury that this inventory is correct and was returned along with the original warrant to the designated judge.</p> <p>Date: <u><i>12/16/10</i></u></p> <p> Executing officer's signature <i>Mark Armstrong, DEA DI</i> Printed name and title</p>		

U.S. DEPARTMENT OF JUSTICE - DRUG ENFORCEMENT ADMINISTRATION
RECEIPT FOR CASH OR OTHER ITEMS

TO: (Name, Title, Address (including ZIP CODE), if applicable)

FILE NO.

G-DEP IDENTIFIER

FILE TITLE

DATE

12/9/10

DIVISION/DISTRICT OFFICE

WDO/CRO

I hereby acknowledge receipt of the following described cash or other item(s),
 which was given into my custody by the above named individual.

AMOUNT or QUANTITY	DESCRIPTION OF ITEM(S)	PURPOSE (If Applicable)
2	Medical record [REDACTED]	evidence
3	Medical record [REDACTED]	
2	[REDACTED] (medical chart)	
1	[REDACTED] (medical record)	
2	[REDACTED] (medical record)	
3	[REDACTED] (medical record)	
1	[REDACTED] (medical record)	
1	[REDACTED] medical record	
2	[REDACTED] medical record	
1	[REDACTED] medical record	
1	[REDACTED] medical record	
2	[REDACTED]	
1	[REDACTED] Document Separator Sheet	
1	[REDACTED] Document Separator Sheet	
3	[REDACTED] medical record	
2	[REDACTED] medical record	

RECEIVED BY (Signature)

NAME AND TITLE (Print or Type)

Mark Armstrong

WITNESSED BY (Signature)

NAME AND TITLE (Print or Type)

SA Barry Persons

U.S. DEPARTMENT OF JUSTICE - DRUG ENFORCEMENT ADMINISTRATION
RECEIPT FOR CASH OR OTHER ITEMS

TO: (Name, Title, Address (including ZIP CODE), if applicable)

FILE NO.

G-DEP IDENTIFIER

Dr. Fisher
 3554 US Rt. 60 East
 Barboursville, WV

FILE TITLE

DATE

12-09-2010

DIVISION/DISTRICT OFFICE

WDO/CRO

I hereby acknowledge receipt of the following described cash or other item(s)
 which was given into my custody by the above named individual.

AMOUNT or QUANTITY	DESCRIPTION OF ITEM(S)	PURPOSE (If Applicable)
6	Miscellaneous Prescription bottles	Seizure as Evidence
	in names of various persons -	
1	Evidence bag containing various documents from Room "K".	
1	Evidence bag containing various documents from Room marked "K".	
1	Evidence bag containing various documents from Room "K".	
1	Evidence bag containing various documents from Room "K".	
1	Medical file for [REDACTED]	
2	Medical files for [REDACTED]	
1	Medical file for [REDACTED]	
2	Medical files for [REDACTED]	
3	Medical files for [REDACTED]	
1	Medical file for [REDACTED]	

RECEIVED BY (Signature)

NAME AND TITLE (Print or Type)

WITNESSED BY (Signature)

NAME AND TITLE (Print or Type)

U.S. DEPARTMENT OF JUSTICE - DRUG ENFORCEMENT ADMINISTRATION
RECEIPT FOR CASH OR OTHER ITEMS

TO: (Name, Title, Address (including ZIP CODE), if applicable)

Dr. Fisher
 3554 US Rt. LeO East
 Barboursville, WV

FILE NO.

G-DEP IDENTIFIER

FILE TITLE

DATE

12-9-2010

DIVISION/DISTRICT OFFICE

WDO/CRO

I hereby acknowledge receipt of the following described cash or other item(s),
 which was given into my custody by the above named individual.

AMOUNT or QUANTITY	DESCRIPTION OF ITEM(S)	PURPOSE (If Applicable)
1	Medical Record for [REDACTED]	Seizure as Evidence
1	Medical Record for [REDACTED]	
5	Medical Records for [REDACTED]	
2	Medical Record for [REDACTED]	
3	Medical Records for [REDACTED]	
1	Medical Records for [REDACTED]	
1	Medical Record for [REDACTED]	
1	Medical Record for [REDACTED]	
1	Medical Record for [REDACTED]	
1	Medical Record for [REDACTED]	
2	11 11 11 [REDACTED]	
1	[REDACTED] Matrix Document Separator Sheet	
1	Medical Record for [REDACTED]	

RECEIVED BY (Signature)

NAME AND TITLE (Print or Type)

WITNESSED BY (Signature)

NAME AND TITLE (Print or Type)

ATTACHMENT A
(Business Premises Located
at 3554/3458 US Route 60 East
Barboursville, WV 25504)

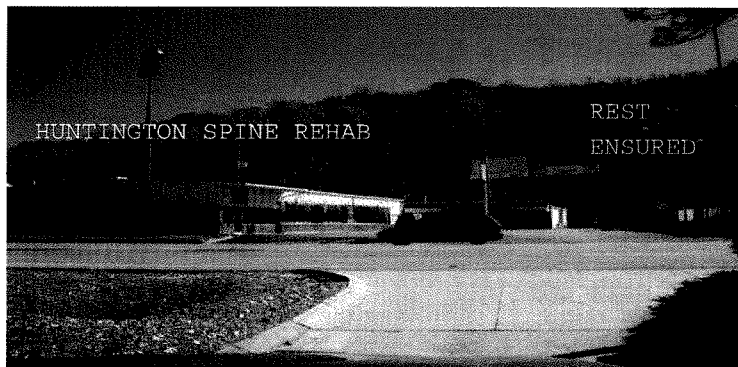
DESCRIPTION OF PREMISES TO BE SEARCHED

1. Huntington Spine Rehab and Pain Center -

Huntington Spine Rehab and Pain Center is located at 3554 US Route 60 East, Barboursville, WV. It appears to be a single story building constructed primarily of brick and metal siding. It bears a sign or signs indicating the name of Huntington Spine Rehab and Pain Center or words to that effect. It is connected to another building via a cinder-block passage. It is situated on the left side of the property with a parking lot to the side.

2. R.E.S.T./Rest Ensured Sleep Technologies -

Directly across the parking lot from Huntington Spine Rehab and Pain Center is R.E.S.T./Rest Ensured Sleep Technologies. It appears to be a single story building constructed primarily of brick and metal siding. It bears a sign with the name of the R.E.S.T./Rest Ensured, or words to that effect. The street address for Rest Ensured is either 3554 or 3458 US Route 60 East, Barboursville, West Virginia, 25504.



IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
HUNTINGTON

IN RE:

HUNTINGTON SPINE REHAB
AND PAIN CENTER

Magistrate No. 3:10-mj-00045

LOCATED AT 3554 US ROUTE 60 EAST
BARBOURSVILLE, WV 25504

ATTACHMENT B

ITEMS TO BE SEIZED

The government seeks to seize the following items which are believed to be kept and maintained on the premises described in the Search Warrant:

- (1) With regard to the patients identified on the attached "Complete Patient Seizure List":
 - (a) Complete patient files and billing information, including but not limited to, clinical records, progress notes, charts, superbills, fee tickets, encounter forms, routing slips, and similar documents; patient bills, invoices, insurance claims, claim forms, explanations of benefits, copies of checks or electronic transfers of payments, billing and payment records, patient ledgers or account cards; all schedule books, calendars, appointment books, patient sign-in logs or sheets and similar records
 - (b) All correspondence that in any way relates to the patients
 - (c) All laboratory test orders and laboratory test results
 - (d) Any and all agreements with patients
- (2) Any pre-signed or filled out prescriptions
- (3) The computer hardware (and associated peripherals) associated with any and all computers maintained at the search site - for the purpose of making a mirror image

With regard to Rest Ensured, authority is granted for on-site mirror imaging only, if on-site mirror imaging is not successful, further court authorization must be sought before computer hardware (and associated peripherals) are seized

In the event that any computer hardware (and/or associated peripherals) are seized, they must be returned to their owner within 60 days of seizure.

- (4) With regard to Dr. Fisher:
 - (a) Personal and business schedules, calendars, travel documents, telephone numbers, telephone messages
 - (b) Any and all biographical, financial, and business documents, to include but not limited to memorandums, letters, correspondences
 - (c) Photographs, including still photos, negatives, videotapes, films, undeveloped film and the contents therein, in particular, photographs of co-conspirators and photographs documenting commission of crimes
- (5) Any and all documents and records, contracts, writings, electronic mailings or other material relating to those listed in the complete patient seizure list attached hereto
- (6) Any and all controlled substances and corresponding package materials or prescription vials

With regard to Rest Ensured, prescribed controlled substances (e.g. tablets in a prescription vial), in the names of individuals who are not present, may be seized. Stock controlled substances for which there are no records indicating that Dr. Stultz received shipment (per 21 C.F.R. 1304.21/1304.04(a)), may also be seized

- (7) Records and documents relating to the purchase, dispensation, administration, prescription or distribution of controlled substances required to be maintained pursuant to Title 21, C.F.R., Section 1300 et seq.

- (8) Indicia of occupancy, residency, rental and/or ownership of the premises described herein, including but not limited to, utility and telephone bills, rental, and/or purchase, and/or lease agreements.

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
HUNTINGTON

IN RE:

HUNTINGTON SPINE REHAB AND PAIN CENTER
LOCATED AT 3554 US ROUTE 60 EAST
BARBOURSVILLE, WV 25504

Magistrate No. 3:10-mj-00045

COMPLETE PATIENT SEIZURE LIST

